

FY 2006 BASIC GRANT MONITORING DOCUMENT

DESK

This is the Arizona Department of Education's (ADE) Basic Grant MONITORING DOCUMENT. Monitoring is required for districts that receive an allocation from the Carl D. Perkins Vocational and Technical Education Act of 1998, P. L. 105-332 (Perkins III). This report is an important step in promoting the accurate and reliable measure of student outcomes required in Perkins III. This report addresses the January 31 – February 4, 2005 U.S. Department of Education, Office of Vocational and Adult Education (OVAE) monitoring and federal direction to increase accountability in fiscal and program areas. ADE and local recipients' experience with this instrument will help determine the need for revisions in subsequent years. Identifying the information sought through this instrument, the ADE is mindful of its requirement to present performance information to the U.S. Department of Education, and ultimately to Congress. This reporting instrument is under a continuous improvement process toward an optimal design to track the impact of the Perkins III funds on the performance of Arizona VTE students.

Please Key or Print in the Space Provided

Applicant Agency: _____ **County-Type-District No.:** _____

Project No.: _____ **Total FY 2006 Basic Grant Funds Allocated: \$** _____

CERTIFICATION STATEMENT

Signature: _____

Name: _____

Title: _____

Date: _____ **Phone:** _____ **Fax:** _____

Email: _____

As District Vocational Director/Contact, I have read, understand, and have determined that upon the basis of this MONITORING DOCUMENT analysis, the LEA noted above has made a good faith effort to be in compliance with the Statement of Assurances identified in the original grant application and this document.

☐ **Yes! We need Technical Assistance with Next Year's Basic Grant in the following areas:**

☐ Defining a coherent sequence.

☐ Writing objectives.

☐ Applying funding guidelines.

☐ Tracking and reporting student outcomes.

ADE Staff Technical Assistance Required (check all that apply):

☐ Basic Grant Specialist

☐ Program Supervisor for (list programs) _____

☐ Program Improvement Specialist (Performance Measures, Accountability, Professional Development Activities)

☐ MIS Assistance (Funding, Enrollment, Placement)

ADE USE ONLY:

Date Sent:

Date Received:

Reviewer Signature: _____

☐ Compliance

☐ Non-Compliance

☐ Follow-Up Required

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Section I PROGRAM ASSURANCES

Instructions: *In the space provided below, describe how you are meeting the required Assurances.*

Assurance 1: Eligible recipients will annually evaluate (using the state established Performance Standards Evaluation process) Vocational Technical Education programs to assess progress of all students, including special populations [§3(23)], in meeting Arizona's core indicators. [§113(b)(2)]

1. *Describe the district's Annual Program Evaluation process (add additional pages as necessary).*

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Assurance 1 Continued:

2. List all program(s) that did not meet all performance measures this school year:

3. Detail how the district used the data, performance measures and results of the annual program evaluation conducted in the previous year to establish goals and allocate resources to improve student performance in this year's Basic Grant (add additional pages as necessary).

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Assurance 1 Continued:

4. *How were CTE teachers involved in the development of the Basic Grant goals for SY2006?*

5. *Student outcomes are documented by (check all that apply):*

☐ *Student Portfolio* ☐ *Student Transcripts* ☐ *Competency Record* ☐ *Other (explain)*

6. *When is the district's program evaluation scheduled to occur for SY2006?*

7. ***Attach the Annual Program Evaluation (1) meeting announcement/invitation; (2) meeting agenda; (3) the list of the committee member names and their area of representation.***

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Instructions: *In the space provided below, describe how you are meeting the required Assurances.*

Assurance 2: Individuals who are members of special populations will be provided equal access to the full range of Vocational Technical Education activities and programs available to individuals who are not members of special populations, and will not be discriminated against on the basis of their status as members of special populations; these programs and activities will be monitored by qualified state staff to ensure access and quality. [§122(c)(8)(B) and (C)]

1. *This assurance determines the level of **access** for student groups. Describe the district practices to insure equal access and promote nondiscrimination to Special Populations. Include in the description the coordination that occurs between Special Ed., LEP and CTE staff:*

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Assurance 2 Continued:

2. Calculate the percentages for:

To calculate percentages type data in the divisor field then tab or click in the dividend field below. Percentage will appear.

<input type="checkbox"/> <i>District Special Ed % = <u>District 9-12 Sp Ed Enrolled</u> _____ = _____% <div style="text-align: center;"><u>District 9-12 Enrolled</u></div> </i>	<input type="checkbox"/> <i>VTE Special Ed % = <u>VTE 9-12 Sp Ed Enrolled</u> _____ = _____% <div style="text-align: center;"><u>District 9-12 VTE Enrolled</u></div> </i>
<input type="checkbox"/> <i>District Male % = <u>District 9-12 Male Enrolled</u> _____ = _____% <div style="text-align: center;"><u>District 9-12 Total Enrolled</u></div> </i>	<input type="checkbox"/> <i>VTE Male % = <u>VTE 9-12 Male Enrolled</u> _____ = _____% <div style="text-align: center;"><u>District 9-12 VTE Enrolled</u></div> </i>
<input type="checkbox"/> <i>District Female % = <u>District 9-12 Female Enrolled</u> _____ = _____% <div style="text-align: center;"><u>District 9-12 Total Enrolled</u></div> </i>	<input type="checkbox"/> <i>VTE Female % = <u>VTE 9-12 Female Enrolled</u> _____ = _____% <div style="text-align: center;"><u>District 9-12 VTE Enrolled</u></div> </i>

3. Documentation (check all that apply):

<input type="checkbox"/> IVEPs	<input type="checkbox"/> Notice of Nondiscrimination	<input type="checkbox"/> Recruitment Materials
<input type="checkbox"/> Meeting Minutes	<input type="checkbox"/> Enrollment Analysis	<input type="checkbox"/> Other (explain)

4. Special Populations Contacts:

Name/504 Coord. _____ Name/Spec. Ed. Coord. _____

Name/IVEP Coord. _____ Name/Title IX Coord. _____

Date of last Special Ed Monitoring: _____

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Instructions: *In the space provided below, describe how you are meeting the required Assurances.*

Assurance 3: Individuals who are members of special populations will be provided appropriate supplemental support services, strategies, and activities, through an Individualized Vocational Education Plan (IVEP) and process, to enable those individuals to meet or exceed state adjusted levels of performance and to prepare them for further learning and high skill, high wage careers. [§122(c)(7)]

1. This assurance determines **progress and success** for student groups. Describe the IVEP process and **attach a copy of district's IVEP form**:

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Assurance 3 Continued:

2. Identify the supportive services provided to Special Population students in VTE (check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> AIMS Remediation | <input type="checkbox"/> Sign Interpreter | <input type="checkbox"/> English Language Assistance |
| <input type="checkbox"/> Modified Curriculum | <input type="checkbox"/> Adaptive Equipment | <input type="checkbox"/> Teacher Aides | <input type="checkbox"/> Documentation of Services Provided |
| <input type="checkbox"/> Analysis of Concentrator Report | <input type="checkbox"/> Other (explain): | | |

3. Calculate:

To calculate percentages type data in the divisor field then tab or click in the dividend field below. Percentage will appear.

<input type="checkbox"/> Non Sp Pops Concentrator % = <u>Non Sp Pops Concentrators</u> _____ Level III Non Sp Pops Enrolled _____ = _____%	<input type="checkbox"/> Sp Pops Concentrator % = <u>Sp Pops Concentrators</u> _____ Level III Sp Pops Enrolled _____ = _____%
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NOTE: If Assurance 3 percentages sum to 100%--e.g., 83% Non Sp Pops Concentrators and 17% Sp Pop Concentrators--the respective student groups are being divided by the total enrolled. This is incorrect and will put programs in a far worse light.

4. Based on the calculated percentages, are IVEP VTE students meeting performance measures at the same rate (+/- 3 percentage points) as non-IVEP VTE students? Yes ☐ No ☐ If "no", describe the district plan of improvement.

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Assurance 3 Continued:

5. *What other information (particularly data) does the district's CTE department use to determine if special population students are progressing as well as non special population students?*

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Instructions: In the space provided below, describe how you are meeting the required Assurances.

Assurance 4: Eligible recipients will cooperate and participate with the eligible agency including compliance with timely and complete, accurate, and reliable data collection activities, monitoring, and reporting requirements. [§122(c)(20)]

Does district provide the required data in a timely, complete, and accurate manner? Complete the table below. For those reports not yet due at the time of this monitoring, please use last year's reporting data. (If "no", provide corrective action plan to address deficiency.)

	Accurate		On Time	
40 th Day Enrollment Report	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mid Year Narrative Report	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
100 th Day Enrollment Report	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cash Management Report	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Concentrator Report	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Placement Report	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Final Narrative Report	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fiscal Completion Report	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
BG MONITORING DOCUMENT	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
BG Amendment(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Comments:

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Section II FISCAL ASSURANCES

Instructions: *In the space provided below, describe how you are meeting the required Assurances.*

Assurance 5: The eligible agency will comply with all requirements of this title and State Plan, including the provision of financial audit of funds received under this title. [§122(c)(10)]

What is the date of most recent audit of district's Basic Grant funds:

Describe all audit exceptions:

Are you requesting an audit of your Basic Grant at this time? Yes ☐ No ☐ (If yes, provide justification below.)

Comments:

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Instructions: *In the space provided below, describe how you are meeting the required Assurances.*

Assurance 6: None of the funds expended under this title will be used to acquire equipment (including computer software) in any instance in which such acquisition results in a direct financial benefit to any organization representing the interests of the purchasing entity, the employees of the purchasing entity or any affiliate. [§122(c)(10)]

Were items purchased with Perkins funds from a vendor that employs a district employee or relative of a district employee? Yes ☐ No ☐

(If “yes”, provide explanation and corrective action plan to address deficiency.)

Explanation:

Were items purchased with Perkins funds from a vendor in which a district employee has a financial investment? Yes ☐ No ☐ (If “yes”, provide explanation and corrective action plan to address deficiency.)

Explanation:

Comments:

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Secondary District Capital Equipment Inventory

The USFR VI-E guidelines require that equipment with a unit cost equal to or greater than \$5,000 must be listed on the district's general fixed assets listing. A district may select a lower cost amount at which items must be listed on their fixed asset listing.

1. *Does district have an established process for the purchase, identification, and inventorying of capital/equipment purchased with Perkins funds? Yes ☐ No ☐ (USFR Accounting Procedures, Fixed Assets VI-E & Memorandum No. 216)*
2. *Based upon an approved project capital expenditure page, does equipment with a unit cost of \$5,000 or more, purchased with Perkins funds, appear on the district's fixed assets listing? Note: If the district guidelines stipulate an amount less than \$5,000, the fixed asset listing should reflect the district guidelines.*

Yes ☐ No ☐ (If "no", provide a corrective action plan to address deficiency.)
3. *Does the above listing provide the district tag number, serial number or other number that identifies the item and the item's physical location or disposition (if lost, sold or stolen) of the capital item?*

Yes ☐ No ☐ (If "no", provide a corrective action plan to address deficiency.)
4. *Does the District maintain a stewardship list for items costing at least \$1,000 but less than \$5,000 (or the District's capitalization threshold if less than \$5,000)? Yes ☐ No ☐ (USFR Accounting Procedures Memorandum No. 216)*
5. *Does the stewardship list include the description, identification number (tag number, serial number, or other number that specifically identifies the item), the item's physical location, and the month and year of acquisition?*
Yes ☐ No ☐ (If "no", provide a corrective action plan to address deficiency.)

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Supplement not Supplant [§311]

1. *Did this Basic Grant application request funds for vocational expenditures which were previously paid for by non-federal funds?*
Yes ☐ No ☐ *If yes, please explain:*

2. *Did this Basic Grant application request funds to purchase textbooks?* Yes ☐ No ☐
If yes, are these textbooks required for the course/program? Yes ☐ No ☐ *If yes, please explain:*

3. *Did this Basic Grant application request additional funding for personnel costs over and above the previous year's grant?*
Yes ☐ No ☐ *If yes, please explain:*

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Time & Effort [OMB CIRCULAR NO. A-87 Revised 05/10/04]

Standards regarding time distribution are in addition to the standards for payroll documentation.

1. *Are Perkins funds being used to pay salaries/stipends of staff working less than 100% of their time on CTE activities?*
Yes ☐ No ☐

If yes,

2. *Does the employee's position description (PD) detail their CTE responsibility?*

Yes ☐ No ☐ *(If "no", provide a corrective action plan to address deficiency.)*

3. *Does the employee's PD state the percentage of time they will work on CTE activities?* Yes ☐ No ☐

4. *Where employees work on multiple activities or cost objectives, a distribution of their salaries or wages should be supported by personnel activity reports or equivalent documentation. OMB CIRCULAR NO. A-87, Attachment B, Item 8 (Compensation for personal services). Does the district have a formal time and effort reporting system in place?* Yes ☐ No ☐

If yes,

5. *Does the district time and effort reporting system meet the following standards:*

(For any "no" response, provide a corrective action plan to address deficiency.)

- a. *Reflect an after the fact distribution of the actual activity of each employee?* Yes ☐ No ☐
- b. *Account for the total activity for which each employee is compensated?* Yes ☐ No ☐
- c. *Are the reports prepared at least monthly and coincide with one or more pay periods?* Yes ☐ No ☐ and
- d. *Are the time and effort reports signed by the employee?* Yes ☐ No ☐

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Time & Effort [OMB CIRCULAR NO. A-87 Revised 05/10/04] Continued

6. *Budget estimates or other distribution percentages:*

(For any "no" response, provide a corrective action plan to address deficiency.)

a. *Reflect a reasonable approximations of the CTE activity actually performed;* Yes ☐ No ☐

b. *Does the LEA conduct quarterly (or more frequent) comparisons of actual costs to budgeted distributions based on the monthly activity reports?* Yes ☐ No ☐

(Note: costs charged to Federal awards to reflect adjustments made as a result of the activity actually performed may be recorded annually if the quarterly comparisons show the differences between budgeted and actual costs are less than ten percent.)

c. *The budget estimates or other distribution percentages are revised at least quarterly, if necessary, to reflect changed circumstances.*
Yes ☐ No ☐